

Los Alamos National Laboratory  
Benefits Office P280  
Fax: 5-2156

### Tuition Waiver For UC Campuses

Date of Request	
Employee's Name	
Z Number	
Group	
Mail Stop	
Phone Number	
Student's Name, SS#, Relationship	
Campus	
Quarter/Semester & Year (Winter, Spring, Summer, Fall, & year)	
Are you a Full-Time (100%) Employee?	Verified: _____ (Benefits)
Will you continue working full-time (100%) during the term that this request applies to?	
Do you claim the dependent on income tax?	

I, \_\_\_\_\_, hereby certify that the information given above is true and correct and understand that I may be responsible for any nonresident tuition charges due to falsification of any information provided.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Send this completed form to: **Benefits P280** or fax to: **5-2156**